MAXIMUS Federal Services

Case Number:	CM13-0031676		
Date Assigned:	12/04/2013	Date of Injury:	08/16/2001
Decision Date:	02/17/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain associated with an industrial injury that took place on 8/16/01. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, diagnostic facet block injections at L4-L5 and L5-S1 on 8/20/13, and the imposition of permanent work restrictions. In an 11/12/13 follow-up note, it is stated that the applicant presents with constant, axial low back pain radiating to left buttock and left thigh, on and off. She also reports neck pain radiating to the shoulders. Overall level of pain ranges from 5-10/10. The applicant is status post L4-L5 facet medial nerve blocks on 8/28/13, and status post a lumbar facet medial nerve radiofrequency ablation procedure on 8/29/13. She is recommended to continue receiving Flexeril, Prilosec, Lorcet, and Lodine. Facetogenic tenderness and pain with motion are appreciated with normal lower extremity function.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

repeat confirmatory diagnostic blocks at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, there is not good quality literature regarding facet joint injections in the lumbar region. The ACOEM suggests that facet neurotomies should only be performed after appropriate diagnostic investigation involving controlled differential dorsal ramus medial branch blocks. In this case, the applicant already underwent one prior set of diagnostic confirmatory blocks at L4-L5. It is unclear why repeat blocks were being sought. As suggested by the ACOEM, the subsequent procedure here would have been radiofrequency facet ablation procedure if the diagnostic blocks were successful. It is further noted that the overall ACOEM recommendation on facet joint injections is "not recommended." For all of these reasons, the request is not certified.

radiofrequency ablation procedures at L4-L5 and L5-S1 without caudal epidural steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: While the overall recommendation in the MTUS-adopted ACOEM Guidelines for facet joint injections is that they are "not recommended," the ACOEM does establish some limited role for facet neurotomy procedures/radiofrequency ablation procedures in those individuals who demonstrate successful pain relief following differential dorsal ramus medial branch diagnostic blocks. In this case, the attending provider writes that the applicant did sustain appropriate pain relief following investigational diagnostic medial branch blocks. Pursuing the proposed radiofrequency ablation procedures at L4 L5 and L5-S1 was therefore indicated. Accordingly, the request is retrospectively certified.